

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033244
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2397

LED SEP 4 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Normandy**

Length of stay in 1b
40 Mo.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Charles I Nursing Home**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNT **St. Louis**

c. CITY OR TOWN **Normandy**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5303 Bermuda Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First **August**

Middle **Noske**

Last

4. DATE OF DEATH

Month **8** Day **15** Year **62**

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
11-13-74

9. AGE (last birthday)
87

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Machinist

10b. KIND OF BUSINESS OR INDUSTRY
Manufacturing

11. BIRTHPLACE (City and state or country)
Germany

12. CITIZEN OF WHAT COUNTRY
U. S.

13a. FATHER'S NAME
Joseph Noske

13b. MOTHER'S MAIDEN NAME
Anna Meier

14. NAME OF HUSBAND OR WIFE
Augusta Noske

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs. Martha Weymann, Overland, Mo.

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Heart Disease
Arterio Sclerosis
Senility

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **5:24 AM** to **Aug 15-62** and last saw him alive on **Aug 15-1962**
Death occurred at **5:24 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
8-18-62

23c. NAME OF CEMETERY OR CREMATORY
Valhalla Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

White-Mullen Mortuary, Ferguson, Mo.

25. DATE RECD. BY LOCAL REG.

8-17-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold F. Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.